

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8969**
Registrar's No. **2379**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether
In this community 60 years
years, months or days)

3. (a) PRINT FULL NAME Edward T. Robinson

3. (b) If veteran, name war No. 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna M. Robinson 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased: March 20, 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 25 If less than one day hr. min.

9. Birthplace Cincinnati, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business Investment Broker

12. Name Edward I. Robinson

13. Birthplace Cork County Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Emma Robinette

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Edward I. Robinson
(b) Address Centralia, Ill.

17. (a) Burial (b) Date thereof Mar. 18, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander + Sons
(b) Address 6175 Delmar Blvd.

19. (a) 18-1841 (b) J. W. Budeck
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 5
(c) City or town St. Louis 000
(If outside city or town limits, write "RURAL") 17
(d) Street No. 5837 Cates Ave
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1941 hour 11 minute 2 A.M.

21. I hereby certify that I attended the deceased from March 11 to March 15, 1941; that I last saw him alive on March 15, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Sepsisemia

Due to Urinary retention 3yrst

Due to Complete stricture Cham.

Other conditions 7/8 Hypostatic pneumonia
(Include pregnancy within 6 months of death) 3-9-41

Major findings: Stricture Enlarged prostate cystitis Suprapubic
Of operations
Of autopsy

Duration 8 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. W. Budeck (M. D. or other) MD
Address 608 1/2 N. 1st St. Date signed 3-15-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

00
17
9

5

864 Hamilton

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Joe E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6150 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.